



IDAHO DEPARTMENT OF HEALTH & WELFARE

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December 12, 2008

Administrator, Jason McKinnley
Seubert's Quality Home Care
609 Bryden Ave, Ste B
Lewiston, ID 83501

Dear Mr. McKinnley,

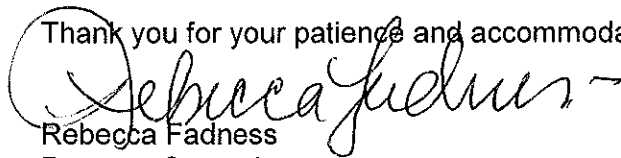
Thank you for submitting the Plan of Correction for Residential Habilitation services dated December 10, 2008. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Seubert's Quality Home Care a full certificate effective December 12, 2008. unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than March 7, 2008. You may submit supporting documentation as follows:

Fax to: 208-364-1811
Email to: fadnessr@dhw.idaho.gov
Mail to: DDA Survey and Certification
Attn: Rebecca Fadness
PO Box 83720
Boise Idaho 83720
Or deliver to: 3232 Elder Street, Boise

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.


Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

Submit by Email

Print Form

Statement of Deficiencies

Residential Habilitation Agency

Seubert's Quality Home Care

RHA-206

609 Bryden Ave Ste B

Lewiston, ID 83501-

(208) 743-1818

Survey Type: Recertification

Entrance Date: 10/22/2008

Exit Date: 10/22/2008

Initial Comments: Survey review completed by Rebecca Fadness, Program Supervisor

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.703.01.c	Program Implementation Plan	16.03.10.703.01c
703.DD/ISSH WAIVER SERVICES - COVERAGE AND LIMITATIONS. 01. Residential Habilitation. Residential habilitation services which consist of an integrated array of individually-tailored services and supports furnished to eligible participants which are designed to assist them to reside successfully in their own homes, with their families, or alternate family homes. The services and supports that may be furnished consist of the following: (3-19-07) c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily	Services are not focused on training. Implementation plans do not contain specific instructions to staff/provider to deliver therapy that would result in measurable performance. Goals are set at 90 % Independence and participant record does not include a measurement of baseline.	1. The implementation plan shall be revised to include: **specific training techniques for each program goal identified in order to assist participant perform identified goals with greater independence. **Measurable goals, including a baseline level with measurable outcomes to track progress 2.The Agency will review all Residential Habilitation clients to verify compliance with IDAP 16.02.10.702.01c.. If participants are identified, a new implementation plan will be developed. 3.The Client Care Director/Program Coordinator, an RN, will be responsible for reviewing and revising implementation plans. 4. The agency will monitor the corrective actions by holding a meeting to review the new implementation plan for compliance and through program coordination visits and quarterly quality assurance reviews. 5.The implementation plan for the identified participant has already been revised by the Client Care Director/Program Coordinator. The remainder of the Residential Habilitation participant implementation plans will be reviewed and revised no later than February 27 2009.

Wednesday, October 22, 2008

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living skills, self direction,
money management, socialization, mobility and
other therapeutic programs. (3-19-07)

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.17.011.01

011.DEFINITIONS – M THROUGH Z. For the purposes of these rules the following terms are used as defined below: (3-20-04)

01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)

Category/Findings

Program Implementation Plan

Also refer to 16.04.17.010.22. Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04)

Implementation plan does not include measurable objective (quantifiable criteria or date of attainment). The programs contain goals, but not measurable objectives that promote skill acquisition.

For example: Participant #1 program #1 states "Client will try to complete her personal care task independently 90% of the time" This objective does not contain quantifiable criteria (word try is not measurable and there is no clear indication of number of trials measured nor time period of measurement). This implementation plan does not include instructions to provider to

Plan of Correction (POC)

16.04.17.011.01

1. The implementation plan shall be revised to include:
**inclusion of measurable objective goals that contains quantifiable criteria to measure skill acquisition by the participant by a specified date.
2. The Agency will review all Residential Habilitation clients to verify compliance with IDAP 16.04.17.011.01 If participants are identified, a new Implementation plan will be developed.
3. The Client Care Director/Program Coordinator, an RN, will be responsible for reviewing and revising implementation plans.
4. The agency will monitor the corrective actions by holding a meeting to review the new implementation plan for compliance and through program coordination visits and quarterly quality assurance reviews.
5. The implementation plan for the identified participant has already been revised by the Client Care Director/Program Coordinator. The remainder of the Residential Habilitation participant implementation plans will be reviewed and revised no later than February 27, 2009.

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assure acquisition of the skills outlined in the task analysis.

Additional example: Objective # 3 is "assist client with healthy choices with diet and encourage the client to take plenty of fluids" Objective does not include quantifiable criteria as above, date of attainment nor instructions to promote skill acquisition.

This was the same for 4 of 4 programs on the residential habilitation plan for this participant.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2/27/2009

Administrator Initials: *JM*

Administrator Signature (confirms submission of POC): *Jean M. Kunkley*

Date: 12/9/08

Team Leader Signature (signifies acceptance of POC): *Josephine G. Gidner*

Date: 12/11/08

Wednesday, October 22, 2008

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